Social Development

**ANNEXURES TO THE STANDARD OPERATING PROCEDURE FOR CANALISATION SERVICES**

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**ANNEXURE 1**

|  |  |  |
| --- | --- | --- |
| **CHECKLIST FOR CANALISATION SERVICES** | | |
| **Name of the Child(ren)** |  | |
| **Name of the Foster Carer/Facility:** |  | |
| **Name of the SDA/NGO:** |  | |
| **Type of Orders** | **Check List** | |
| **s173** | **S 173 Report All Orders Last Valid Order Form 30 (s)**    **ID of F/Parents B/C OF C/C School Report Screening PFP**    **CYCC confirmation CYCC - Programme (if available)** | |
| **s174** | **S174 report Last Valid Order Form 30 (s) All Orders**  **School Report Views of C/C Views of birth parents/relatives** | |
| **s175** | **S 175 Report All Orders Last Valid Order Cancel Grant**  **Report to include School Report (18yrs and below)**  **Reunification Plan** | |
| **s176 (1)** | **S 176 Report All Orders Reg. 63 ID OF C/C**    **I ID (F/P) Views of C/C Views of F/P School Report** | |
| **s176 (2)** | **S 176 Report All Orders Reg. 63 ID OF C/C**    **ID (F/P) Views of C/C Views of F/P School Report** | |
| **s159** | **S159 Report All Orders Last Valid Order ID OF C/C**    **Views of bio parent Death Certificate Affidavit of B/P ID of F/P**    **Form 30(s) of F/P Form 30(s) of all Adults in household Views of C/C**    **Care plan & IDP School report Views of F/P** | |
| **s168** | **Annexure H S168 Report All Orders Form 30(s)**  **Form 39 Dates specified Conditions Special Needs** | |
| **s169** | **Annexure E All Orders All Reports I/D & P/P OF C/C**  **Consent Letters (B/M) ID &P/P of F/M ID& P/P of F/F School Report**    **Consent Letter(B/F) Transport Accommodation S169 Checklist**    **Affidavits B/P Death Certificate of B/P Itinerary** | |
| **s171** | **S 171 Report All Orders Last Valid Order Screening Report**    **Form 30 (s) School Report Views of C/C Views F/P**    **Views B/P Grant Cancellation**  **CYCC Confirmation of Placement Programme of Facility**  **Advise on Ratification @ Court Transfer to CYCC** | |
| **Form 39**  **Priority**  High Medium Low | **Please indicate if a Risk and Safety Assessment has been completed**    Yess  No  **If NO, PLEASE STATE REASON: ---------------------------------------------------------** | |
| **Please indicate if a Form 22/Form 23 has been completed**  **Form 22 Form 23** | **Form 30 Clearances of all adults in the household:**  **Yes No**  **If NO, PLEASE STATE REASON: ---------------------------------------------------------** | |
| **Sleeping arrangement of the child explored:**  **Yes No** | **Number of children in placement inclusive of foster & Temporary Safe Care** | |
| **COMMENTS OF CANALISATION OFFICER ON OUTSTANDING MATTERS** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **COMMENTS OF CANALISATION SUPERVISOR ON OUTSTANDING MATTERS** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Instruction to Registry:** | | |
|  | | |
|  | | |
| **CANALISATION OFFICER:** | | **DATE:** |
| **CANALISATION SUPERVISOR:** | | **DATE:** |



**ANNEXURE 2**

**Our Ref:**

**Court Ref:**

**Date:**

**The children’s court**

**(name of court)**

**For Attention:** The Clerk of the children’s court

**RE: CANALISED REPORT: (enter child’s name)**

Kindly be advised that the above-mentioned matter has been canalised by the Canalisation Services for the (name) Region.

Kindly find attached a canalised report for the attention of the Presiding Officer of the children’s court.

Any enquiries concerning the attached canalised report may be directed to the (SDA/NGO/DCPO) in the (name) Region.

Yours sincerely,

**­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of canalisation officer)**



**ANNEXURE 3**

**LEAVE OF ABSENCE FROM ALTERNATIVE CARE REPORT IN TERMS OF S 168 OF THE CHILDREN’S ACT 38 OF 2005 AS AMENDED**

**1. IDENTIFYING PARTICULARS OF CARE-GIVERS**

**(a) Foster care**

|  |  |  |
| --- | --- | --- |
| **NAME AND SURNAME** | **ID NUMBER** | **ADDRESS** |
|  |  |  |
|  |  |  |

**(b) Child and youth care centre**

|  |  |
| --- | --- |
| **NAME OF THE CHILD AND YOUTH CARE CENTRE** | **ADDRESS** |
|  |  |
|  |  |

**c) Children in alternative care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of child(ren)** | **DOB** | **Gender** | **Name of the School/Partial care** | **Grade/Partial care/ECD programme** |
|  |  |  |  |  |
|  |  |  |  |  |

**2. BACKGROUND**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. REASONS FOR APPLICATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. CURRENT CIRCUMSTANCES OF THE PARENT(S)**

**(Relationships, housing, employment and finances, physical and psychological aspects, schooling and supervision)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. ACTION PLAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. EVALUATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. RECOMMENDATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL WORKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZATION:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ANNEXURE 4**

**Please Note: 14 DAY SUBMISSION PERIOD FOR S 169 APPLICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECKLIST OF S 169 APPLICATION** | | | |
| **Name of Child** | **Date of Birth** |  | |
| **Name of the Social Worker / Case Manager** |  | | |
| **Name of the Region** |  | | |
| **Name of the Service Delivery Area / NGO** |  | | |
| **Name of the Canalisation officer** |  | | |
| **Documents/ Information needed** | **Not applicable** | **Attached** | **Outstanding** |
| 1. **Original** Annexure E |  |  |  |
| 1. Annexure E **Signed by foster parent** |  |  |  |
| 1. **Affidavit** (Attempts made by the SW to trace to the biological parent (s) **if their whereabouts are unknown (**add copy of possible adverts that was placed to trace parents, if any) |  |  |  |
| 3.1) Mother |  |  |  |
| 3.2) Father |  |  |  |
| 1. Copy of **death certificate** if biological parents are **deceased** |  |  |  |
| *4.1) Mother* |  |  |  |
| *4.2) Father* |  |  |  |
| 1. **Paragraph 4** is completed if whereabouts of biological parents are known |  |  |  |
| *5.1 Mother* |  |  |  |
| *5.2 Father* |  |  |  |
| 1. **Affidavit by biological parents** granting permission |  |  |  |
| *6.1) Mother* |  |  |  |
| *6.2) Father* |  |  |  |
| 1. Certified copies of ID’s/Passports of foster parent/authorised person who will be traveling with the child |  |  |  |
| 1. Authorised person’s copy of Form 29/30 Clearance Certificate / Notification |  |  |  |
| 1. Declaration by the authorised Person:    * 1. Acknowledgement as the authorised person;      2. To fully undertake the responsibility to care for the child concerned for the entire period of travel      3. To return the child concerned within the given timeframe. |  |  |  |
| 1. **Court Report placing** the child in foster care (first Court Report) |  |  |  |
| 1. Copy of **original Court Order** (First order) |  |  |  |
| 1. Copy of **s171 Report(s)** |  |  |  |
| 1. Copy of **s171 Order(s)** |  |  |  |
| 1. Latest **extension Repor**t |  |  |  |
| 1. Latest **extension Order** |  |  |  |
| 1. Copy of child’s **Unabridged Birth Certificate** |  |  |  |
| 1. **Date of departure (Itinerary)** |  |  |  |
| 1. **Date of return (Itinerary)** |  |  |  |
| 1. **Full address(es), contact details** of where the child will reside during the visit. |  |  |  |
| 1. **School consent/Confirmation** if child has to leave during school term |  |  |  |
| 1. **Report of case & re-unification SW / Progress reports**   (if latest report [ s159/Court Report is older than 6 months) |  |  |  |

**Date of when to expect the report of the Social Worker regarding the child return (within a Month upon the child return): ……………………**

**Check by Canalisation officer: …………………………………… Date:**



**ANNEXURE 5**

**APPLICATION FOR A CHILD IN ALTERNATIVE CARE TO LEAVE THE REPUBLIC**

**CONSENT TO APPLICATION FOR THE REMOVAL OF A CHILD IN ALTERNATIVE CARE FROM THE REPUBLIC IN TERMS OF S 169(1) OF THE CHILDREN’S ACT 38 0F 2005**

**FOSTER CARE**

**TEMPORARY SAFE CARE**

**CHILD IN A CHILD AND YOUTH CARE CENTRE**

File number:

Court ref no:

1. **Particulars of the child in alternative care** in respect of whom permission is sought

|  |  |
| --- | --- |
| Full name of child |  |
| Date of birth |  |
| ID number |  |
| Address of child |  |
| Contact details |  |
| Age of child |  |

1. **Please indicate if the current legal status of the child concerned is based on a temporary safe care order**

**Yes**

**No**

1. **Please indicate if an adoption application was made for the child concerned.**

**Yes**

**No**

1. **Particulars of the foster parents**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Care Giver 1 | Care Giver 2 |
| Name of caregiver(s) |  |  |  |
| ID Number/Passport number |  |  |  |
| Address |  |  |  |
| Telephone number |  |  |  |
| Cell phone number |  |  |  |

1. **Particulars of Authorised person to accompany the child**

|  |  |
| --- | --- |
| Name of Authorised Person |  |
| ID Number/Passport number |  |
| Address |  |
| Telephone number |  |
| Cell phone number |  |
| Relationship with the child |  |
|  |  |

1. **Details regarding child’s biological parent(s)/guardian**, if whereabouts are known

|  |  |  |
| --- | --- | --- |
|  | Parent 1 | Parent 2 |
| Name of parent/guardian |  |  |
| Address |  |  |
| Contact details |  |  |

1. **Reasons for application** for consent to remove child from the Republic

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Details of the period of absence**

|  |  |
| --- | --- |
| **Date of departure from RSA** |  |
| **Date of arrival in the destination country** |  |
| **Date of departure from the destination country** |  |
| **Date of arrival in RSA** |  |

1. **List all addresses** where the child will reside for the different time period(s) during the visit. Please attach the itinerary.

|  |  |
| --- | --- |
| Date | Address |
|  |  |
|  |  |

1. **Details of application**

Date of application: ……………………

|  |  |
| --- | --- |
| Name(s) of applicant(s) | Signature(s) of applicant(s) |
|  |  |
|  |  |

**CONSENT**

By virtue of powers vested in the HOD of the Department of Social Development and delegated to the Director: Children and Families, whereas the said child is currently in alternative care with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval is granted in terms of s 169(1) of the Children’s Act 38 of 2005 for:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to leave the Republic with care giver / authorised person

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Consent is given to travel from: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Consent valid from: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Official stamp |



**ANNEXURE 6**

**REFERENCE:**

**ENQUIRIES:**

**DATE:**

**RE: FEEDBACK REPORT ON APPROVED S 169 APPLICATION**

**(ADD CHILDREN’S NAME AND SURNAME)**

1. **Particulars of the child (ren) in alternative care in respect of whom permission was granted**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of child (ren) |  |  |  |
| Date of birth |  |  |  |
| ID number |  |  |  |
| Address of child |  |  |  |
| Contact details |  |  |  |
| Age of child |  |  |  |

1. **Particulars of foster parent and authorised person**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Care Giver 1 | Care Giver 2 | Authorised Person |
| Name of caregiver(s) |  |  |  |
| ID Number/  Passport number |  |  |  |
| Address |  |  |  |
| Telephone number |  |  |  |
| Cell phone number |  |  |  |

1. **Purpose and duration of visit outside the Republic**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **View of the child(ren), care giver(s) or authorised person on their experience of the visit**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Evaluation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Recommendation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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……………………………………………

Social Worker’s full names and signature

|  |
| --- |
| Official Stamp and date: |



**ANNEXURE 7**

**S 169 REGISTER OF CHILDREN APPROVED TO TRAVEL OUTSIDE THE REPUBLIC**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF REGION: METRO EAST** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **NAME OF SDA:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **NO** | **NAME OF CHILD** | **NAME OF FOSTER PARENT** | **FILE NO** | **NAME OF SUPERVISING ORGANIZATION** | | **DATE OF REMOVAL** | | **DESTINATION** | | **PROPOSED RETURNDATE** | | **DATE CONFIRMATION THAT CHILD RETURNED** |
| 1 |  |  |  |  | |  | |  | |  | |  |
| 2 |  |  |  |  | |  | |  | |  | |  |
| 3 |  |  |  |  | |  | |  | |  | |  |
| 4 |  |  |  |  | |  | |  | |  | |  |
| 5 |  |  |  |  | |  | |  | |  | |  |
| 6 |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  |  | |  | |  | |  | |  |
| COMPILED BY: | | | | |  | |  | |  | |  | |
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| CHECKED BY: | | | | |  | |  | |  | |  | |
|  |  |  |  |  | |  | |  | |  | |  |
| NAME AND SIGNATURE OF SUPERVISOR/MANAGER: | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  | |  | |  |
| DATE: | | | | |  | |  | |  | |  | |



**ANNEXURE 8**

**NOTICE/ORDERS ISSUED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **No** | **PD** | **Child’s Surname** | **Child's name** | **Issued by** | | **Sec 159** | |  | **Sec 168** | | **Sec 169** | | **Sec 171** | | | **Sec 173** | | | **Sec 174** | | **Sec 175** | | | **Sec 176** | | **Form 39** | | | **Form 40** | | | **Other** |
|  |  |  |  | **DSD** | **Court** | **DSD** | **NGO** |  | **DSD** | **NGO** | **DSD** | **NGO** | | **DSD** | **NGO** | | **DSD** | **NGO** | **DSD** | **NGO** | | **DSD** | **NGO** | **DSD** | **NGO** | | **DSD** | **NGO** | | **DSD** | **NGO** |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |

**Compiled by:**

**Month:**

**Date compiled:**



**ANNEXURE 9**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REGISTER FOR CANALISATION SUPERVISOR (TRACKING MOVEMENT OF CASE FILES)** | | | | | | | | | | | |
| **Date** | **Child’s Surname** | **Child’s Name** | **Ref No (PD no.)** | **NGO or**  **DSD** | **Type of Notice applied for** | **Date Notice**  **Issued** | **Expiry date on the Notice** | **Canalisation officer to whom case allocated** | **Supervisor date and signature** | **Canalisation officer date and signature** | **Registry**  **Date and signature** |
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**ANNEXURE 10**

**REGISTER OF NEW APPLICATIONS FOR FOSTER CARE (CATEGORY C39)**

**Name of Region……………………………………**

**Name of SDA ………………………………………**

**Month………………………………………………..**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F/PARENT SURNAME** | **F/PARENT NAME** | **F/PARENT ID NO** | **CHILD SURNAME** | **CHILD NAME** | **CHILD ID NO** | **RELATED/**  **UNRELATED** | **ADDRESS** | **DATE OF INTAKE** | **FILE REF NO** | **COURT DATE** | **COURT ORDER REF. NO** | **COURT WHERE ORDER WAS ISSUED** | **PLACEMENT CATEGORY**  **EG Sec 150(1)** | **EXPIRY DATE OF COURT ORDER** | **FOSTER CARE GRANT**  **YES/NO** | **IF THE INQUIRY WAS NOT FINALISED PLEASE STATE REASON(S)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**NB: YELLOW COLUMNS ARE COMPLETED WHEN CCI IS FINALISED**



**ANNEXURE 11**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ABSCONDERS REGISTER** | | | | | | | | |
| **NAME OF REGION:** | | | | | | | | |
|  | | | | | | | | |
| **NAME OF SDA:** | | | | | | | | |
|  | | | | | | | | |
| **NO** | **NAME OF CHILD** | **NAME OF FOSTER PARENT/FACILITY** | **FILE REF. NO.** | **NAME OF SDA/NGO** | **DATE OF ABSCONDMENT** | **DATE OF ABSONDERS ENQUIRY** | **DATE OF FINALISATION** | **FINDING OF ENQUIRY** |
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| CHECKED BY: | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| NAME AND SIGNATURE OF SUPERVISOR/MANAGER: | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| DATE: | | | | |  |  |  |  |



**ANNEXURE 12**

**SERIOUS INJURY, ABUSE OR DEATH OF A CHILD IN ALTERNATIVE CARE IN TERMS OF S 178**

**Name of Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child's name & surname** | **Identity number** | **Gender** | **Date**  **of Death** | **Cause of Death** | **Date of Abuse/ Injury** | **Type of Abuse/ Injury** | **Date Reported** | **Form 22 Completed** | **Form 23 Completed** | **Foster Parent** | **Identity Number** | **Address** | **DCPO File number** | **DSD File number** | **Court**  **Ref number** | **Original date order was issued** | **Lapse date** | **Managing organizations / DSD SDA** | **Name of reunification organization** | **Related F/C placement** | **Unrelated F/C placement** | **Cluster F/C placement** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Compiled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Regional Manager/ Social Work Manager/ Supervisor)**

**Signature:**

**Date:**



**ANNEXURE 13**

**REGISTER TO TRACK THE MOVEMENT OF CHILDREN IN ALTERNATIVE CARE FROM ENTRY TO EXIT**

**IMPORTANT INFORMATION**

This register is in an Excel format and upon implementation of the SOP an electronic copy of the register will be made available.

**PURPOSE OF THE REGISTER**

The ultimate purpose of a canalisation officer is to track the movement of children in alternative care and this tracking register will assist the canalisation officer to perform this vital function.

**THIS REGISTER REPLACES**

Annexure 1 Database

Form 36 register

Child Protection Register



**ANNEXURE 14**

**Our Ref: Date:**

**Canalisation Services**

**For Attention: The Foster Care Supervisor (enter SDA name here)**

**RE: CANALISATION REMINDERS OF ORDERS DUE FOR REVIEW**

Kindly be advised that the foster care orders of the children mentioned below are due to lapse on the following dates:

Please submit the signed report and source documents to canalisation services for the matter to be canalised and submitted to the children’s court.

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME AND SURNAME** | **B3 OR PD NO.** | **LAPSE DATE** | **RETURN DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Yours sincerely,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of canalisation officer)**



**ANNEXURE 15**

**CHILD PROTECTION REGISTER**

**Name of Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please use X to indicate whether the Form 22 and Form 23 has been completed and submitted**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PD/FILE NUMBER** | **NAME and ADDRESS OF CHILD** | **TYPE OF ABUSE** | **TYPE OF SERVICES RENDERED** | **ORGANIZATION/REGIONAL OFFICE/SDA** | **DATE FORM 22 COMPLETED AND SUBMITTED** | **DATE FORM 23 COMPLETED AND SUBMITTED** | **CHILD COURT PROCESS**  **(if applicable)** |
|  |  |  |  |  |  |  |  |
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**Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Regional Manager/ Social Work Manager/ Supervisor)**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ANNEXURE 16**

|  |  |  |
| --- | --- | --- |
| **CHECKLIST FOR CASE MANAGERS** | | |
| **Name of the Child(ren)** |  | |
| **Name of the Foster Carer/Facility:** |  | |
| **Name of the SDA/NGO:** |  | |
| **Type of Orders** | **Check List** | |
| **s173** | **S 173 Report All Orders Last Valid Order Form 30 (s)**  **ID of F/Parents B/C OF C/C School Report Screening PFP**    **CYCC confirmation CYCC - Programme (if available)** | |
| **s174** | **S 174 report Last Valid Order Form 30 (s) All Orders**  **School Report Views of C/C Views of birth parents/relatives** | |
| **s175** | **S 175 Report All Orders Last Valid Order Cancel Grant**  **Report to include School Report (18yrs and below)**  **Reunification Plan** | |
| **s176 (1)** | **S 176 Report All Orders Reg. 63 ID OF C/C**  **ID (F/P) Views of C/C Views of F/P School Report** | |
| **s176 (2)** | **S 176 Report All Orders Reg. 63 ID OF C/C**  **ID (F/P) Views of C/C Views of F/P School Report** | |
| **s159** | **S159 Report All Orders Last Valid Order ID OF C/C**    **Views of bio parent Death Certificate Affidavit of B/P ID of F/P**    **Form 30(s) of F/P Form 30(s) of all Adults in household Views of C/C**    **Care plan & IDP School report Views of F/P** | |
| **s168** | **Annexure H S168 Report All Orders Form 30(s)**  **Form 39 Dates specified Conditions Special Needs** | |
| **s169** | **Annexure E All Orders All Reports I/D & P/P OF C/C**  **Consent Letters (B/M) ID &P/P of F/M ID& P/P of F/F School Report**    **Consent Letter(B/F) Transport Accommodation S169 Checklist**    **Affidavits B/P Death Certificate of B/P Itinerary** | |
| **s171** | **S 171 Report All Orders Last Valid Order Screening Report**    **Form 30 (s) School Report Views of C/C Views F/P**    **Views B/P Grant Cancellation**  **CYCC Confirmation of Placement Programme of Facility**  **Advise on Ratification @ Court Transfer to CYCC** | |
| **Form 39**  **Priority**  High Medium Low | **Please indicate if a Risk and Safety Assessment has been completed**    Yes  No  **If NO, PLEASE STATE REASON: ---------------------------------------------------------** | |
| **Please indicate if a Form 22/Form 23 has been completed**  **Form 22 Form 23** | **Form 30 Clearances of all adults in the household:**  **Yes No**  **If NO, PLEASE STATE REASON: ---------------------------------------------------------** | |
| **Sleeping arrangement of the child explored:**  **Yes No** | **Number of children in placement inclusive of foster & Temporary Safe Care** | |
| **COMMENTS OF CANALISATION OFFICER ON OUTSTANDING MATTERS** | | |
|  | | |
|  | | |
|  | | |
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|  | | |
|  | | |
|  | | |
| **COMMENTS OF CANALISATION SUPERVISOR ON OUTSTANDING MATTERS** | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Instruction to Registry:** | | |
|  | | |
|  | | |
| **CANALISATION OFFICER:** | | **DATE:** |
| **CANALISATION SUPERVISOR:** | | **DATE:** |



**ANNEXURE 17**

**REGISTER FOR DE-REGISTERED SAFETY PARENTS AND FOSTER PARENTS**

**Name of Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PD/FILE NUMBER** | **NAME & SURNAME OF SAFETY / FOSTER PARENT** | **ADDRESS OF SAFETY / FOSTER PARENT** | **ORGANIZATION/REGIONAL OFFICE/SDA** | **TYPE OF SERVICES RENDERED** | **DATE OF FORM 30 NOTIFICATION** | **DATE OF PANEL** | **OUTCOME OF PANEL** | **REASON FOR DE-REGISTRATION** |
|  |  |  |  |  |  |  |  |  |
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**Compiled by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Regional Manager/ Social Work Manager/ Supervisor)**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**ANNEXURE 18**

**MATCHING CONSIDERATIONS FOR PLACEMENTS**

**This annexure will be completed and submitted to a Placement Officer by a social worker/case managerwhen a placement is requested for a child.**

**The Placement Officer (social worker), upon receiving the Annexure 18 from the social worker/case manager, will match the information on essential and preferred considerations in relation to the child and the carer to approve a suitable match.**

**A matter for matching can be identified as an essential consideration or a preferred consideration but cannot be both at the same time.**

|  |  |  |
| --- | --- | --- |
| **MATTERS FOR MATCHING** | **ESSSENTIAL CONSIDERATIONS** (these considerations are identified by the social worker/case manager and are the **minimum requirements** for a suitable match) | **PREFERRED CONSIDERATIONS** (these considerations are optional and a benefit to the child if the placement can meet these considerations) |
| Related Placement |  |  |
| Unrelated Placement |  |  |
| Age |  |  |
| Health |  |  |
| Gender |  |  |
| Language |  |  |
| Ethnic / Cultural Identity |  |  |
| Religion |  |  |
| Geographical Area / Location |  |  |
| Contact with parents/birth relatives/ significant others |  |  |
| Special Needs of the Child |  |  |
| Activity level and temperament of child |  |  |

**Compiled by:**

**Sign:**

**Date:**



**ANNEXURE 19**

|  |
| --- |
| **FEEDBACK REPORT FOR THE CHILD DEATH REVIEW MEETING** |

|  |  |
| --- | --- |
| **Name of designated organisation** |  |
| **Reference number (e.g. PD no.)** |  |
| **Case known/unknown to DSD/NGO** |  |
| **If known, provide name of the organisation, ref.no. and practitioner** |  |
| **Mortuary team** | **Salt River / Tygerberg / Paarl / Worcester / George** |
| **CDR reference number** |  |
| **Date of referral** |  |

1. **IDENTIFYING DETAILS**

**1.1 Caregiver / Parent(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name(s)** | **Gender** | **Relationship to deceased** | **Date of birth / ID no** |
|  |  |  |  |
|  |  |  |  |

**1.2. Full residential address of the caregiver**

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1. **INTRODUCTION** (reason for referral)

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1. **PRESENT CIRCUMSTANCES OF THE REMAINING CHILDREN IN THE FAMILY (PLEASE REPORT IN GRID FORM)**

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| --- | --- | --- | --- | --- |
| 1. **Name of the Child** | 1. **Date when the referral was received** | 1. **Who the case was referred to for investigation** | 1. **Current Circumstances (in whose care is the child placed)** | 1. **Any other comments** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **SERVICES HAS BEEN RENDERED ON THE FOLLOWING LEVELS**

Early intervention services

(Counselling, support, empowerment, therapeutic)

Family preservation services

Safety and risk assessment

Statutory services

Reintegration/Aftercare services

Continuation of services

Case has been closed

**OUTCOME IN RESPECT OF REMAINING CHILDREN**

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**PLAN OF ACTION INCLUDING TIME FRAME FRAMES IN RESPECT OF REMAINING CHILDREN**

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**COMMENTS**

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